## **REMARKS**

The application has been reviewed in light of the Office Action dated January 7, 2004. Claims 1-27 are pending in this application, with claims 1, 18 and 23 being in independent form. Applicants note the Examiner's allowance of Claims 18-27. Claim 1 and the specification are amended hereby to correct formal matters. It is submitted that no new matter has been introduced by the present Amendment. Claims 1-17 are presented for reconsideration.

Applicants have amended the specification of the present disclosure to properly designate the trademarks used therein.

Claims 1-17 were rejected under 35 U.S.C. § 102(e) as allegedly anticipated by U.S. Patent No. 5,950,207 to Mortimore et al. Claims 1-17 were also rejected under 35 U.S.C. § 102(e) as allegedly anticipated by U.S. Patent No. 5,971,923 to Finger.

Applicants have carefully considered the Examiner's comments and the cited art, and respectfully submit that independent claim 1 is patentably distinct from the cited art, for at least the following reasons.

Independent claim 1 is directed to a method of generating medical information including quantitative and image data. The method includes performing an image acquisition of at least a portion of a patient to be examined, generating image data based on the performed acquisition, generating quantitative data based on the performed acquisition, and constructing a DICOM compatible file. The image data is provided in an image data field of the DICOM compatible file and the quantitative data is provided in a field of the DICOM compatible file other than the image data field.

As described in the specification of the present application, the DICOM ("Digital

Image Communication in Medicine") standard was developed to facilitate connectivity and communication protocols for medical imaging devices (pages 2-3). As long as electronic medical records and images are DICOM compliant, a medical facility can receive the DICOM-compliant records and images from multiple sources and departments (page 3).

Mortimore et al., as understood by the Applicant, is directed to a computer based multimedia medical database management system and user interface. Mortimore discloses that a unique identifier is generated and linked to each data object in a data file from a data source. The unique identifier (as opposed to a DICOM compatible file) may be generated and assigned in accordance with the DICOM v.3.0 format. As understood by Applicants, text objects (such as patient name, date, reports, etc.) related to an image or set of images in Mortimore may be linked with the image data by assigning a unique identifier to the text object. Mortimore discloses that the text object and the data object may then be linked via their respective identifiers, and the identifiers are stored in the database.

Accordingly, while Mortimore, as understood by the Applicant, appears only to disclose the "linking" of various types of identifiers and is not understood to teach or suggest a method of generating medical information including quantitative and image data, the method comprising the steps of performing an image acquisition of at least a portion of a patient to be examined, generating image data based on the performed acquisition, generating quantitative data based on the performed acquisition, and constructing a DICOM compatible file, the image data being provided in an image data field and the quantitative data being provided in a field of the DICOM compatible file other than the image data field, as recited independent claim 1.

Finger, as understood by Applicants, is directed to processing of ultrasound data.

Finger discloses that in addition to any processing of ultrasound data a CPU 74 can generate text and graphics for display with the ultrasound image data, and the data can be compressed based on a DICOM (Packbits) compression scheme (column 22, lines 47-50 of Finger, as cited in the Office Action).

Applicants find no teaching or suggestion in Finger, however, of constructing a DICOM compatible file, wherein image data is provided in an image data field of the DICOM compatible file and quantitative data is provided in a field of the DICOM compatible file other than the image data field.

While Finger appears to simply describe generating text and graphics for display with the image data, Finger is not understood to teach or suggest a method of generating medical information including quantitative and image data, the method comprising the steps of performing an image acquisition of at least a portion of a patient to be examined, generating image data based on the performed acquisition, generating quantitative data based on the performed acquisition, and constructing a DICOM compatible file, the image data being provided in an image data field and the quantitative data being provided in a field of the DICOM compatible file other than the image data field, as recited independent claim 1.

Accordingly, Applicants submit that independent claim 1 is patentably distinct from the cited art. Dependent claims 2-17 are believed to be patentably distinct from the cited art, for at least similar reasons.

If a petition for an extension of time is required to make this response timely, this paper should be considered to be such a petition. The Office is hereby authorized to charge any additional fees that may be required in connection with this amendment and to credit any overpayment to our Deposit Account No. 03-3125.

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If a telephone interview could advance the prosecution of this application, the Examiner is respectfully requested to call the undersigned attorney.

Allowance of this application is respectfully requested.

Respectfully submitted,

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